

HOUSEHOLD GOODS CARRIER EVALUATION REPORT

PRIVACY ACT STATEMENT: The information requested on this form is solicited under Title 38, United State Code, and will be used to monitor and control the carrier's performance. The information may be furnished to the carrier involved for their evaluation. Your disclosure of this information will aid in our overall mission of making certain transferees receive satisfactory performance in the shipment of their household goods, privately owned vehicle, and air baggage.

INSTRUCTIONS

Employee: Complete this form upon delivery of your shipment(s) to your new duty station and then send to your Agency's GBL Issuing Officer or Move Coordinator for their evaluation.

GBL Issuing Officer/Agency Move Coordinator: After completing the form, send to: General Services Administration (6FBD-X), Centralized Household Goods Traffic Management Program, 1500 East Bannister Road, Room 1076, Kansas City, MO 64131

EMPLOYEE INFORMATION

NAME			DUTY STATIONS			
LAST	FIRST	MI		CITY	STATE	ZIP CODE
PRESENT HOME ADDRESS			OLD			
			NEW			
SOCIAL SECURITY NUMBER		TELEPHONE			PICKUP DATE	
		HOME (AREA CODE)		HOME (NUMBER)		
		WORK (AREA CODE)	WORK (NUMBER)	WORK (EXTENSION)	DELIVERY DATE	
HHG GBL NUMBER	UAB GBL NUMBER	POV GBL NUMBER	FEDERAL AGENCY ID		CARRIER NAME ON GBL	

RELOCATING EMPLOYEE'S RESPONSE *(Use "Remarks" on reverse for any comments)*

HOW WOULD YOU RATE YOUR SATISFACTION WITH THE CARRIER? <i>(Circle response)</i>	VERY UNSATISFIED	SOMEWHAT UNSATISFIED	NEITHER SATISFIED NOR UNSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Quality of Packing	1	2	3	4	5
Delivering/Pickup Items With Little or No Damage	1	2	3	4	5
Having Workers Who Show Personal Courtesy	1	2	3	4	5
Delivering/Pickup Within the Scheduled Timeframe	1	2	3	4	5
Clearly Communicating the Services to be Provided	1	2	3	4	5
Being Responsive in Resolving Problems	1	2	3	4	5
How Would You Rate the Overall Quality of Service	1	2	3	4	5
IF YOU HAVE ANY LOSS OR DAMAGE, WHAT ARE THE ESTIMATED AMOUNTS?					DATE
HOUSEHOLD GOODS	AIR BAGGAGE	VEHICLE			

GBL ISSUING OFFICER'S/AGENCY MOVE COORDINATOR'S RESPONSE *(Use "Remarks" on reverse for any comments)*

HOW WOULD YOU RATE YOUR SATISFACTION WITH THE CARRIER? <i>(Circle response)</i>	VERY UNSATISFIED	SOMEWHAT UNSATISFIED	NEITHER SATISFIED NOR UNSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Having Courteous People Help You When Tracing a Shipment	1	2	3	4	5
Keeping You Informed of Any Changes Occuring During the Move	1	2	3	4	5
Being Flexible in Meeting Special Employee or Agency Needs	1	2	3	4	5
How Would You Rate the Overall Quality of Service	1	2	3	4	5
SIGNATURE OF GBL ISSUING OFFICER/AGENCY MOVE COORDINATOR					DATE
NAME OF GBL ISSUING OFFICER/AGENCY MOVE COORDINATOR			TELEPHONE NUMBER		
			AREA CODE	NUMBER	EXTENSION

REMARKS *(Employee and/or GBL Issuing Officer/Agency Move Coordinator)*